

Shirley

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029387

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

148

STATE FILE NUMBER

FILED JUL 31 1963

## 1. PLACE OF DEATH

a. COUNTY **Pemiscot**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Hayti**Length of stay in 1b  
**3 Days**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Pemiscot County Mem.Hs.**Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **New Madrid**c. CITY OR TOWN **Malden**Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
**Route One**Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First **Robert**Middle **Archibald**Last **Neal**

## 4. DATE OF DEATH

Month

Day

Year

**July****11****1963**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**6/10/03**9. AGE (last birthday)  
**60**IF UNDER 1 YEAR  
Months Days Hours Min.IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Farming-Retired**10b. KIND OF BUSINESS OR INDUSTRY  
**Farming**11. BIRTHPLACE (City and state or country)  
**Huntington, Tenn.**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

## 13a. FATHER'S NAME

**James Madison Neal**

## 13b. MOTHER'S MAIDEN NAME

**Allie Fair Garner**

## 14. NAME OF HUSBAND OR WIFE

**Nancy P. Neal**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)  
**No**16. SOCIAL SECURITY NO.  
**X**

## 17. INFORMANT

Address

**Nancy P. Neal-Rt.1-Malden, Missouri**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**coronary infarct-**INTERVAL BETWEEN ONSET AND DEATH  
**3 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

**Myocardial infarction**

## DUE TO (c)

**Diabetes mellitus****2 yrs**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **7-8-63** to **7-11-63** and last saw her alive on **July 11, 1963**  
Death occurred at **8:30 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Rafferty M.D.**

## 22b. ADDRESS

**2003-4th Hayti, Mo**

## 22c. DATE SIGNED

**7-23-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 23b. DATE

**July 13, 1963**

## 23c. NAME OF CEMETERY OR CREMATORY

**Maple Cemetery**

## 23d. LOCATION (City, town, or county)

**Caruthersville, Missouri**

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

**F.S. Smith F. Home-Caruthersville, Mo.**

## 25. DATE RECD. BY LOCAL REG.

**7-24-63**

## 26. REGISTRAR'S SIGNATURE

**Charlotte E. Sloan**USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. Emmer Pike*

Licensed Embalmer No.

*4484*

P. O. Address

*Canthensville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.